



Motor Vehicle Property Tax Exemption Application for Members of the Armed Forces

IF YOU CLAIM EXEMPTION IN THE CITY OF MERIDEN FOR TAXES ON YOUR MOTOR VEHICLE UNDER CGS§12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING. A NEW APPLICATION MUST BEFILED ANNUALLY WITH THIS OFFICE. **FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31ST NEXT, FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION.**

Military Information

- Name: _____ Contact Phone Number: _____ Email Address: _____
- On October 1, _____, I was an active member of the armed forces, as defined in CGS§ 27-103.
(Year of most recent past October 1st)
- On the assessment date, I was attached to the following unit: _____

- I have served in this unit since (month /date/year): ____ / ____ / ____
- My permanent address is: _____
Number & Street or PO Box City or Town State & Zip Code
- Mailing address: _____
Number & Street or PO Box City or Town State & Zip Code

Vehicle Information

- Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
- On the assessment date, this vehicle was (check one): Owned Leased **(For leased vehicle complete 7 and 8)**
- Lease term: _____ to: _____ Lessor: _____
From (Mo/Date/Yr) To (Mo/Date/Yr) (Name of vehicle owner as it appears on the lease)
- Lessor's Address: _____
Number & Street or PO Box City or Town State & Zip Cod

Attestation Statement

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS§ 12-81(53). All Information herein provided is true and accurate to the best of my knowledge and belief.

Signature of Active Duty Service Member Military ID Presented or Signature of Commanding Officer Date Signed
If applicant does not appear in person.

Office Use Only

AOA APPLIED TO GRAND LIST YEAR: _____ Regular Supplemental VEHICLE ASSESSMENT _____

AAA 2,000 CAB 1,000 PURSUANT TO 12-82(19) (E) CONTINOUS SERVICE IF RECEIVED PRIOR TO FILING OF GRAND LIST.
APPLIED TO GRAND LIST _____ ACCOUNT ID # _____ RE ___ MV ___ EXEMPTION AMOUNT _____

Signature of Assessor/Staff Date